

2741

In re Application of:

Docket No.: 1263.0412 DI

ELI TZIRKEL-HANCOCK, ET AL.

Application No.: 09/359,912

Filed: July 26, 1999

For: PATTERN MATCHING METHOD AND  
TELEPHONY SYSTEM



Examiner: R. DORVIL

Group Art Unit: 2741

Date: August 23, 2000

ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

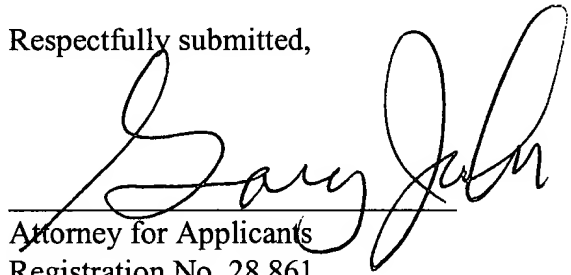
☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |  |       |  |                         |                |                |
|--|--|-------|--|-------------------------|----------------|----------------|
|  | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE           | ADDITIONAL FEE |
| TOTAL<br>CLAIMS                                | 26   | MINUS | 26   | =<br>0                  | x \$9<br>\$18  | 0              |
| INDEP.<br>CLAIMS                               | 4  | MINUS | 4  | =<br>0                  | x \$39<br>\$78 | 0              |
| Fee for Multiple Dependent claims \$130°/\$260 |  |       |  |                         |                |                |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT---  |  |       |  |                         |                | 0              |

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$\_ to cover the fee for a \_\_ month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicants  
Registration No. 28,861

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